

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: **18328**
Application ID: **10065227**
Title of Invention: **PRINTER CARTRIDGE AND
METHOD OF MAKING OR
REFURBISHING**
First Named Inventor: **Matthew Daniels**
Domestic/Foreign Application: **Domestic Application**
Filing Date: **null**
Effective Receipt Date: **2002-09-26** 
Submission Type: **Utility Patent Filing**
Filing Type: **new-utility**
Confirmation Number: **0**
Attorney Docket Number: **011338.133**
Digital Certificate Holder: **cn=Michael G. Johnston, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US**
Certificate Message Digest: **gsouNiE0zYA4yY+BBfYDgw==**
Total Fees Authorized: **\$860.0**

Payment Category: **DA – Deposit Account**
Deposit Account Number: **134365**
Deposit Account Name: **Michael G. Johnston**



TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

011338.133

Submission Type: Utility Patent
Filing

PRINTER CARTRIDGE AND METHOD OF MAKING OR REFURBISHING

First Named Inventor: Mr. Matthew Daniels

SUBMITTED BY

Name: Mr. Michael G. Johnston
Registration Number: 38,194
Electronic Signature Mark: Michael
G. Johnston Date Signed: 20020926

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

| | |
|------------------|----------------------|
| declaration | declarationpage1.tif |
| declaration | declarationpage2.tif |
| bibd-transmittal | 011338133apds.xml |
| fee-transmittal | 011338133fee.xml |

specification

specification.xml

Attached Image File(s):

declarationpage1.tif

declarationpage2.tif

Comments:

Please type a plus sign (+) inside this box →

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Declaration
 Submitted OR Submitted after Initial
 with Initial Filing (surcharge)
 Filing (37 CFR 1.16 (e))
 required)

Attorney Docket Number 011338-133

First Named Inventor Daniels, Matthew

COMPLETE IF KNOWNApplication
Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Printer Cartridge and Method of Making or Refurbishing

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------|----------------------------------|--------------------------|------------------------------|-----------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

(Page 1 of 2)

Burden Hour Statement This form is estimated to take 21 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DUR1325611_1

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0851-003.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: Customer Number
 Or Bar Code Label **24238** OR Correspondence address below

Name **Moore & Van Allen**Address **2200 West Main Street**City **Durham**State **NC**ZIP **27705**Country **US**Telephone **(919) 286-8000**Fax **(919) 286-8199**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **Matthew**Family Name
Or Surname **Daniels**Inventor's
Signature Date **9-26-02**Residence: City **Pittsboro**State **NC**Country **US**Citizenship **US**Mailing Address **500 Churchwood Lane**City **Pittsboro**State **NC**ZIP **27312**Country **US**

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
Or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

 Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02S attached hereto

(Page 2 of 2)

DUR1325611_1

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 860

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 13-4365



Deposit Account Name: Moore & Van Allen PLLC

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: Michael G. Johnston

Electronic Signature Mark: Michael G. Johnston

Date Signed: 20020926

BASIC FILING FEE

| Fee Description | Fee Code | Fee Paid |
|--------------------|----------|----------|
| Utility Filing Fee | 101 | \$ 740 |

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

| | Fee Code | Fee | Extra Claims | Fee Paid |
|-----------------------|----------|-------|--------------|----------|
| Total Claims: 22 | 103 | \$ 18 | 2 | \$ 36 |
| Independent Claims: 4 | 102 | \$ 84 | 1 | \$ 84 |

Subtotal For Extra Claims Fees: \$ 120